

State: MINNESOTA

Citation

Condition or Requirement

1902(a)(10)(E)(iii)
of the Act

- k. Specified low-income Medicare beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act--

The agency uses the same method as in 5.h. of Attachment 2.6-A. (p. 20a)

6. Resource Standard - Categorically Needy

- a. 1902(f) States (except as specified under items 6.c. and d. below) for aged, blind and disabled individuals:

X Same as SSI resource standards.

 More restrictive.

The resource standards for other individuals are the same as those in the related cash assistance program.

- b. Non-1902(f) States (except as specified under items 6.c. and d. below)

The resource standards are the same as those in the related cash assistance program.

Supplement 8 to ATTACHMENT 2.6-A specifies for 1902(f) States the categorically needy resource levels for all covered categorically needy groups.

TN No. 93.32
Superseded 91.37
TN No. 91.37

Approval Date MAR 15 1993

Effective Date 7.1.93

State: MINNESOTA

Citation	Condition or Requirement
1902(l)(3)(A), (B) and (C) of the Act	<p>c. For pregnant women and infants covered under the provisions of section 1902(a)(10)(A)(i)(IV) of the Act, the agency applies a resource standard.</p> <p><input type="checkbox"/> Yes. <u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the standard which, for pregnant women is no more restrictive than the standard under the SSI program; and for infants is no more restrictive than the standard applied in the State's approved AFDC plan.</p> <p><input checked="" type="checkbox"/> No. The agency does not apply a resource standard to these individuals.</p>
1902(l)(3)(A) and (C) of	<p>d. For children covered under the provisions of section 1902(a)(10)(A)(i)(VI) <u>and section 1902(a)(10)(A)(i)(VII)</u> of the Act, the agency applies a resource standard.</p> <p><input type="checkbox"/> Yes. <u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the standard which is no more restrictive than the standard applied in the State's approved AFDC plan.</p> <p><input checked="" type="checkbox"/> No. The agency does not apply a resource standard to these individuals.</p>

21a

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

State: MINNESOTACitation3.1 Amount, Duration, and Scope of Services
(Continued)1902(a) and 1903(v)
of the Act and
Section 401(b)(1)(A)
of P.L. 104-193(a)(6) Limited Coverage for Certain Aliens

An alien who is not a qualified alien or who is a qualified alien, as defined in section 401(b) of P.L. 104-193, but is not eligible for Medicaid based on alienage status; and who would otherwise qualify for Medicaid is provided Medicaid only for the treatment of emergency medical conditions (including labor and delivery) as defined in section 1903(v) of the Act.

TN No. 96-31
Supersedes
TN No. 91-28

Approval Date

AUG 11, 1997Effective Date 10/1/96

21b

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

State: MINNESOTACitation3.1 Amount, Duration, and Scope of Services
(Continued)1905(a)(9)
of the Act(a)(7) Homeless Individuals

Clinic services furnished to eligible individuals who do not reside in a permanent dwelling or do not have a fixed home or mailing address are provided without restrictions regarding the site at which the services are furnished.

1902(a)(47) and
1920 of the Act(a)(8) Presumptively Eligible Pregnant Women

Ambulatory prenatal care for pregnant women is provided during a presumptive eligibility period if the care is furnished by a provider that is eligible for payment under the State plan.

42 CFR 441.55
50 CFR 43654
1902(a)(43),
1905(a)(4)(B), and
1905(r) of the Act(a)(9) EPSDT Services

The Medicaid agency meets the requirements of sections 1902(a)(43), 1905(a)(4)(B), and 1905(r) of the Act with respect to early and periodic screening, diagnostic, and treatment (EPSDT) services.

TN No. 96-31
Supersedes
TN No. 91-28Approval Date Aug 11, 97 Effective Date 10/1/96

State: _____

MINNESOTA

Citation

Condition or Requirement

- 1902(a)(10)(C)(i)
of the Act
7. Resource Standard - Medically Needy
- a. Resource standards are based on family size.
- b. A single standard is employed in determining resource eligibility for all groups.
- ___ c. In 1902(f) States, the resource standards are more restrictive than in 7.b. above for--
- ___ Aged
___ Blind
___ Disabled
- Supplement 2 to ATTACHMENT 2.6-A specifies the resource standards for all covered medically needy groups. If the agency chooses more restrictive levels under 7.c., Supplement 2 so indicates.
- 1905(p)(1)(D)
and (p)(2)(B)
of the Act
8. Resource Standard - Qualified Medicare Beneficiaries and Specified Low-Income Medicare Beneficiaries
- For qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act and specified low-income Medicare beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act, the resource standard is twice the SSI standard.
- 1905(s) of the
Act
9. Resource Standard - Qualified Disabled and Working Individuals
- For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the resource standard for an individual or a couple (in the case of an individual with a spouse) is twice the SSI resource standard.

TN No. 93.32

Supersedes

TN No. 89.50

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7.1.93

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October 1991

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OMB No.:

State/Territory: MINNESOTA

Citation	Condition or Requirement
1902(u) of the Act	9.1 For COBRA continuation beneficiaries, the resource standard is: — Twice the SSI resource standard for an individual. — More restrictive standard as applied under section 1902(f) of the Act as described in Supplement 8 to Attachment 2.6-A.

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TN No. 91.37

HCFA ID: 7985E

State: MINNESOTA

Citation	Condition or Requirement
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1902(u) of the Act

10. Excess Resources

- a. Categorically Needy, Qualified Medicare Beneficiaries, Qualified Disabled and Working Individuals, and Specified Low-Income Medicare Beneficiaries

Any excess resources make the individual ineligible.

- b. Categorically Needy Only

— This State has a section 1634 agreement with SSI. Receipt of SSI is provided for individuals while disposing of excess resources.

- c. Medically Needy

Any excess resources make the individual ineligible.

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Superseded
TN No. 89.50

Approval Date MAR 15 1996

Effective Date 7.1.93

State: MINNESOTA

Citation	Condition or Requirement
42 CFR 435.914	<p>11. Effective Date of Eligibility</p> <p>a. Groups Other Than Qualified Medicare Beneficiaries</p> <p>(1) For the prospective period.</p> <p>Coverage is available for the full month if the following individuals are eligible at any time during the month.</p> <p><input checked="" type="checkbox"/> Aged, blind, disabled. <input checked="" type="checkbox"/> AFDC-related.</p> <p>Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements.</p> <p><input type="checkbox"/> Aged, blind, disabled. <input type="checkbox"/> AFDC-related.</p> <p>(2) For the retroactive period.</p> <p>Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied:</p> <p><input checked="" type="checkbox"/> Aged, blind, disabled. <input checked="" type="checkbox"/> AFDC-related.</p> <p>Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied..</p> <p><input checked="" type="checkbox"/> Aged, blind, disabled. <input checked="" type="checkbox"/> AFDC-related.</p>

TN No. 93-32
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TN No. 88-72

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: MINNESOTA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1920(b)(1) of the Act	<p>— (3) For a presumptive eligibility for pregnant women only.</p> <p>Coverage is available for ambulatory prenatal care for the period that begins on the day a qualified provider determines that a woman meets any of the income eligibility levels specified in ATTACHMENT 2.6-A of this approved plan. If the woman files an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination of presumptive eligibility, the period ends on the day that the State agency makes the determination of eligibility based on that application. If the woman does not file an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination, the period ends on that last day.</p>
1902(e)(8) and 1905(a) of the Act	<p>X b. For qualified Medicare beneficiaries defined in section 1905(p)(1) of the Act coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under section 1905(p)(1). The eligibility determination is valid for--</p> <p>— 12 months</p> <p>X 6 months</p> <p>— months (no less than 6 months and no more than 12 months)</p>

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AUGUST 1991

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Citation	Condition or Requirement
1902(a)(18) and 1902(f) of the Act	12. Transfer of Resources - Categorically and Medically Needy, Qualified Medicare Beneficiaries, and Qualified Disabled and Working Individuals The agency complies with the provisions of section 1917 of the Act with respect to the transfer of resources. Disposal of resources at less than fair market value affects eligibility for certain services as detailed in <u>Supplement 9 to ATTACHMENT 2.6-A.</u>

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